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T-887 P.14/15 F-625

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	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.138(a) Docket Number (Optional) 5019.4-1							
			In re Application of				<u> </u>	
			Application Number	Application Number 09/626,400			Filed July 26, 2000	
			For Method of A	ctive Dyna	mic Resour	ce Assignment.	·	
			Ar Unx 2666		Examiner E	ugene, Wanda		
		is a request under the provisions of 37 CF cation	R 1.136(a) to extend the	s penod for	filing a reply	in the above ident	lified	
	The requested extension and appropriate non-small-entity fee are as follows (check time period desired)							
		One month (37 CFR 1.17(a)(1))				s	·	
		Two months (37 CFR 1.17(a)(2))				\$		
·		☑ Three months (37 CFR 1.17(a)(3	))			s <u>950.</u>	00	
		Four months (37 CFR 1.17(a)(4))	H			s		
		Five months (37 CFR 1.17(a)(5))				\$		
	2	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by half, and the resulting fee is: \$ 475.00					by one-	
		A check in the amount of the fee is e	nciosed.					
		Payment by credit card. Form PTO-2038 is attached.						
		The Director has already been authorized to charge fees in this application to a Deposit Account.						
	Ø	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-4900						
		I have enclosed a duplicate copy of this sheet.						
		l am the   applicant/inventor.						
/18/2004 TV	тсн	R 00000002 134900 Statement under	if the entire interest. S 37 CFR 3.73(b) is en	iee 37 CF closed (Fo	R 3.71. xm PTO/SB	/ <b>96)</b> .		
FC:2253		475.00 DA 🖸 attorney or agent of	record. Registration N	lumber <u> </u>	32,506			
		attorney or agent un Registration number	der 37 CFR 1.34(a), facung under 37 CFR 1 34	i(a)	`		•	
		WARNING: Information on this form n on this form. Provide credit card infor	nay become public. Credit madon and authorization	t card inford on PTO-20	nation should 38.	not be included		
		July 26, 2004		yes	42	und the		
		214-855-7571	M	arc A Hu	pard			
		Telephone Number		<u>`</u>	Typed or pri	ned name		
	NOTE. Signatures of all the inventions or assignates of record of the entire unarest or their representative(s) are required. Submit multiple forms if more than on agreeing is required, also policy							
	Ø		orms are submitted.					

This obsertion of information is required by 37 CPR 1 130(a). The information is required to locatin or restant a panelt by the public when is to the (and by the USPTO to process) an appectation. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1 14. This collection is becomed to take 6 minutes to complete, including patternel, propering, and summing the completed appealance form to utility 1.00 The wat very depending upon the individual case. Any comments on the emount of time you require to complete this form analyst suggestions for reducing this burdon, should be sent to the Check Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commissioners, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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